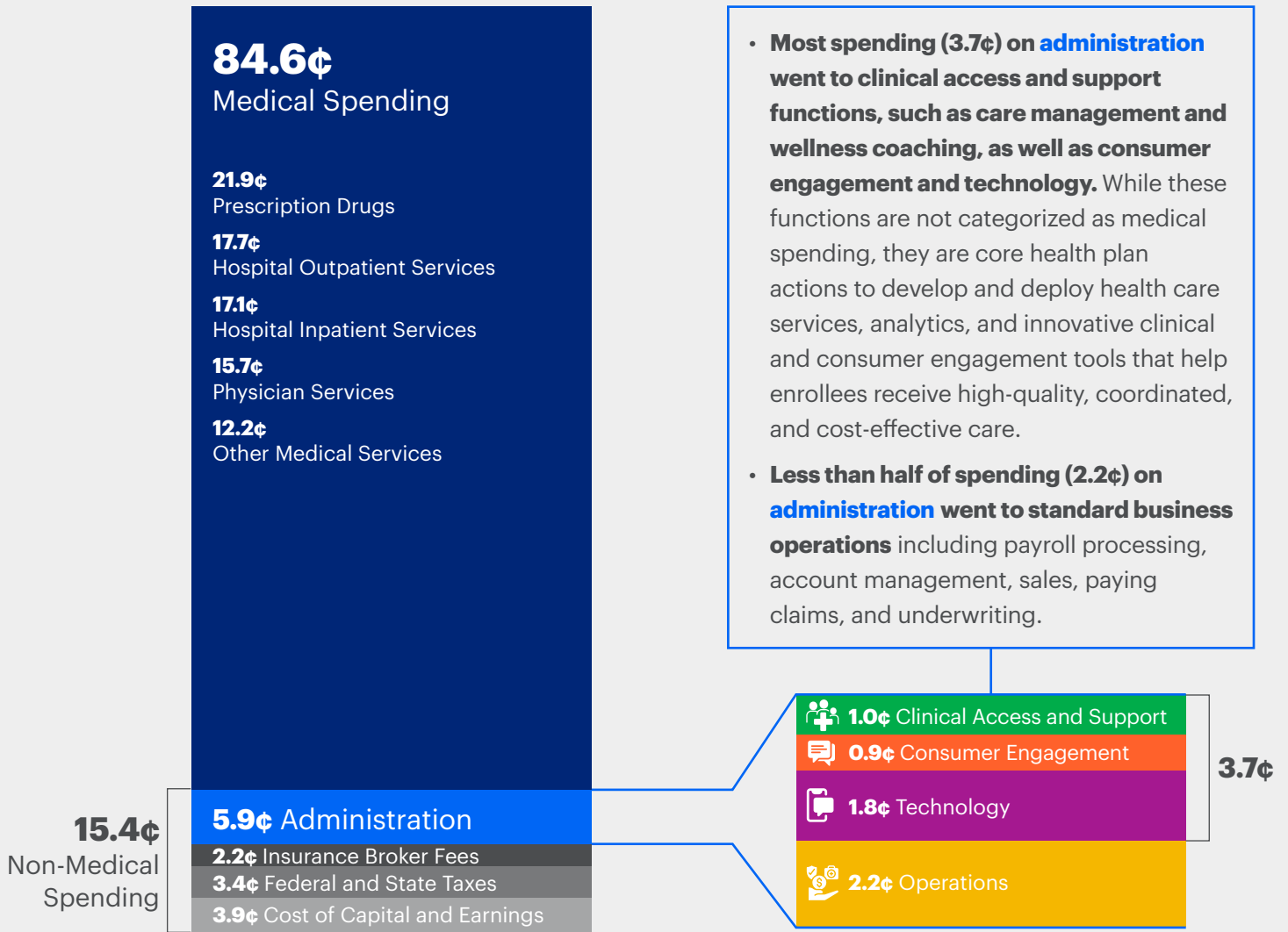


Less than 6% of Commercial Health Premiums Goes to Administration – with Clinical Access and Support, Technology, and Consumer Engagement Representing Most Administration Costs

Health plans help enrollees navigate the health care system, access effective care from providers, and manage their chronic and acute conditions – while reducing costs for individuals, families, and employers. The vast majority of fully insured commercial premiums is dedicated to medical spending, which covers preventive services, scheduled clinical visits, ongoing care for chronic conditions, and unexpected needs. The remainder of the premium dollar is dedicated to administration that facilitates high-quality care and consumer experiences, fees to insurance brokers, taxes paid to the federal government and states, and the cost of capital and earnings.

UnitedHealthcare’s 2024 Fully Insured Commercial Health Insurance Premium Dollar



Findings are based on an analysis of UnitedHealthcare (UHC) financial accounting data for fully insured employer coverage in 2024 using generally accepted accounting principles (GAAP) established by the Financial Accounting Standards Board (FASB) and required by the U.S. Securities and Exchange Commission (SEC). The categories physician services, hospital outpatient services, and hospital inpatient services do not include behavioral health services spending. The prescription drugs category does not include drug spending from inpatient stays.

Most spending on **administration** goes toward **clinical access and support, consumer engagement, and technology functions that improve the effectiveness and quality of health benefits and care delivery while lowering costs.**

Clinical Access and Support

Clinical access and support functions facilitate enrollees' access to quality care, support disease management, and reduce costs. They include:

- **Care management**, which uses data from medical claims, health assessments, and network usage to identify potential clinical enhancements and address potential gaps in care. Depending on the opportunity, the enrollee may be connected to resources such as a nurse who can answer questions and offer guidance, an admission counselor who can help with hospital length-of-stay and discharge planning, and/or clinical programs for enrollees with specific conditions.
- **Clinical programs**, which serve enrollees with a range of diagnoses including end stage renal disease, premature birth, and cancer. Core components include expert nurses that support and reinforce treatment plans established by doctors, processes to refer enrollees to Medical Centers of Excellence, and educational materials on specific conditions.
- **Wellness coaching tools** for smoking cessation, healthy habits, mental health, and weight loss.
- **Maintaining broad provider networks**, which includes negotiating prices and partnering with providers to help enrollees receive timely access to high-quality, cost-effective care.
- **Data analytics for quality measurement and improvement**, which helps ensure enrollees are receiving effective, safe, and medically necessary treatment that improves their health and care experiences.
- **Data analytics and investigations to detect, prevent, and report fraud, waste, and abuse** among health care providers, which protect enrollees from harm and avoid unnecessary costs.
- **Product development and innovation**, which enhance clinical functions and build better user experiences around UHC's digital tools, rewards programs, and networks to help enrollees find information and stay engaged in their health and well-being.



UnitedHealthcare's (UHC's) Neonatal Resource Program helps manage neonatal intensive care unit (NICU) admissions through a team of nurses who closely monitor the care plan, support home health care needs, and offer post-discharge follow-up.



The evidence-based smoking cessation program UHC uses for its enrollees, Quit for Life, has achieved a 50% quit rate.

Consumer Engagement

Consumer engagement provides **timely communication to enrollees, providers, and employers** to ensure enrollees have the information they need to understand and use their health benefits and to access assistance via phone, text, e-mail, and portal chat. Enrollees have the option to "go paperless" to quickly and safely access health plan information, and many are able to schedule visits with providers, manage prescription refills and rewards, and pay provider bills in a single online location.

Technology

Technology facilitates **efficient and secure information sharing and processing of health benefits**, which support enrollee engagement and provider decision-making and coordination. Health plans regularly develop and improve technological capabilities to simplify enrollee and provider experiences. For example, health plans make investments in digital tools for providers' electronic medical record platforms to support their decision-making and reduce their administrative burden.